

# Aeroflow Breastpumps

## Nipple Pain

Some initial discomfort is normal when you and your baby are starting your breastfeeding journey; however, if you are having persistent pain (pain lasting longer than 2 weeks), it is important to seek help to figure out the cause to resolve the pain.<sup>1,2,3,4</sup>

The most common reasons for nipple pain are listed below.<sup>1,5</sup>

Nipple Pain Reason	Signs/Symptoms	Ways to Treat/Manage
<b>Poor Positioning</b>	Can lead to a shallow latch and cause the nipple to press between the tongue and the roof of your baby's mouth causing pain.	Ensure your baby's tummy is turned toward you, and your nipple is level with your baby's nose.
<b>Poor Suck/Latch</b>	Baby might be sucking on your nipple rather than deeply latching to the breast. Babies who are premature or have poor muscle tone may be at greater risk.	Deep latch techniques may help your baby achieve a more comfortable and effective latch.
<b>Infant Biting/Jaw Clenching</b>	May lead to nipple pain/damage. May occur more often if your baby has neck, head or shoulder damage from pregnancy or delivery, nasal congestion, and/or is responding to an overactive milk ejection or teething.	Bodywork, Chiropractic Care, and Physical Therapy may be helpful for babies with head, neck, or shoulder tension/injury.

<b>Ankyloglossia/Tongue -Tie</b>	May lead to poor tongue movement which can lead to difficulty getting a deep latch, and can cause the infant to suck on your nipple.	Many moms and babies find improvement with side-lying and football positioning.  You can find a trained health care provider who specializes in tongue-tie <a href="#">here</a> .
<b>Breast Pump Trauma/Misuse</b>	Injury or bruising may be caused by improper misuse or continued use with the pump when there is already nipple damage.	Measure nipples for most comfortable, effective breast pump flange fit. Use the pump for an appropriate amount of time at each pumping session (usually no more than 30 minutes) and adjust the suction level to a lower level.
<b>Eczema Conditions</b>	Can cause blisters, dry, scaly and sore skin. May be triggered by skin irritants, rubbing, breast pads, laundry detergents, breastfeeding creams, topical antibiotics, fragrances.	Reduce any triggering items. Try different positioning for pain relief. May need medication to resolve; talk with a healthcare provider for an evaluation.
<b>Psoriasis Flare-ups</b>	Patches of thick raised skin covered with a silvery scale.	May need medication to resolve; please talk with a healthcare provider for an evaluation.
<b>Nipple Bleb</b>	Duct cells become inflamed and rise to the surface.	Safe to breastfeed with a bleb; meeting with an IBCLC to discuss different positioning and latch techniques for pain relief can be helpful. May need medication to resolve; please talk with a healthcare provider for an evaluation.
<b>Bacterial Infections</b>	May feel a constant, dull, deep, aching pain and tenderness when touched. Can include	May need medication to resolve: talk with a healthcare provider for an evaluation. Probiotics may assist with

	nipple skin or duct infections. Recurrent ductal narrowing (also known as plugged ducts), engorgement and milk oversupply, nipple cracks and fissures may be associated.	increasing healthy bacteria (should contain <i>Limosilactobacillus fermentum</i> or <i>Ligilactobacillus salivarius</i> ).
<b>Candida Infection</b>	May have bright and/or shiny pink-coloring on nipple and/or areola. Often have burning nipple pain and pain radiating into the breast. Increased risk if have past Candida infections, thrush (yeast infection) in the infant's mouth or diaper area, and recent use of antibiotics.	May need medication to resolve; talk with a healthcare provider for an evaluation.
<b>Viral Infections</b>	Herpes simplex can include blisters on the breast, and can be present before breastfeeding or obtained from the breastfeeding infant. Herpes zoster is a rash and exposure to these lesions can result in chicken pox in infants not immunized.	Do not breastfeed on the affected side and pumped milk should be discarded until the lesions have healed. Prevent contact between lesions and the infant. May need medication to resolve; please talk with a healthcare provider for an evaluation.
<b>Vasospasm</b>	Often has a purple color change of the nipple accompanied by sharp, shooting, or burning pain. History of rheumatoid arthritis or Raynaud's syndrome are at a greater risk.	Avoid cold temperatures on the breasts and nipples. May need medication to resolve; please talk with a healthcare provider for an evaluation.

<b>Functional Pain</b>	Pain in response to a stimulus, such as light touch, which would normally not cause pain. Can occur by itself or with other pain disorders such as irritable bowel syndrome, fibromyalgia, migraines, temporomandibular joint disorders, and pain with intercourse.	Massage therapy may be helpful. May need medication to resolve; talk with a healthcare provider for an evaluation.
<b>Other Causes</b>	Other reasons may include recurrent ductal narrowing (also known as plugged ducts) and milk oversupply.	With ductal narrowing, minimize breast pump use, wear a supportive bra, and do not use deep massage or warm packs on your breasts. With oversupply, avoid overstimulation by not pumping or hand expressing between feeds

### What If I Have Questions?

If you are interested in learning more, these AeroFlow classes expand on some of the topics discussed above:

- Ultimate Breastfeeding Prep
- Pumping 101

To register for these classes, log into your portal or click [here](#).

### Want More Info?

For a directory of AeroFlow's other Care Guides offering information on pregnancy, baby care, and more, browse our comprehensive list of titles:

<https://www.hersourcehealth.com/aeroflow-care-guides/>

### References:

1. <https://pubmed.ncbi.nlm.nih.gov/26881962/>

2. <https://www.magonlinelibrary.com/doi/full/10.12968/bjom.2020.28.7.406>
3. <https://pubmed.ncbi.nlm.nih.gov/31633522/>
4. <https://pubmed.ncbi.nlm.nih.gov/35343816/>
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